



California Basic Educational Data System  
California Department of Education

# School Information Form

## October 2002

COUNTY:

DISTRICT:

SCHOOL:

CDS Code:

**Original - Return to GENESIS DATA for processing.**

Make copies for the County Superintendent's Office and for your records as appropriate.



			Male							Female									
			American Indian or Alaska Native	Asian	Pacific Islander	Filipino	Hispanic or Latino	African American not Hispanic	White-not Hispanic	Multiple or no response	American Indian or Alaska Native	Asian	Pacific Islander	Filipino	Hispanic or Latina	African American not Hispanic	White-not Hispanic	Multiple or no response	Totals
			(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)	(o)	(p)	(q)
<b>A. Number of Classified Staff</b> - Report in whole numbers. (Single school districts should report classified staff only on this form.)																			
1	Paraprofessionals	Full-time																	
2		Part-time																	
3	Office/Clerical Staff	Full-time																	
4		Part-time																	
5	Other Classified Staff	Full-time																	
6		Part-time																	
<b>B. School Enrollment</b> - In this section report enrollment on Information Day. Count each student only once.																			
7	Kindergarten																		
8	Grade 1																		
9	Grade 2																		
10	Grade 3																		
11	Grade 4																		
12	Grade 5																		
13	Grade 6																		
14	Grade 7																		
15	Grade 8																		
16	Ungraded Elementary																		
17	Grade 9																		
18	Grade 10																		
19	Grade 11																		
20	Grade 12																		
21	Ungraded Secondary																		
22	Adults in K-12*																		
23	School Enrollment Totals																		

\* Do not include adults in Independent Study.

School:

CDS Code:

		Male								Female									
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		(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)	(o)	(p)	(q)	
<b>C. Graduates (2001-2002)</b> - Include summer graduates (2002) but do not include students with high school equivalencies (i.e., GED or CHSPE) Lines 25 and 26 are a subset of line 24. The number of graduates reported in each column in lines 25 and 26 must be equal to or less than the number above it in line 24.																			
24	High School Graduates																		
25	High School Graduates Completing all Courses Required for UC and/or CSU Entrance																		
26	High School Graduates Completing a Vocational Education Sequence of Courses																		
<b>D. Enrollment in Selected High School Courses</b> - (grades 7-12)																			
27	Intermediate Algebra/Algebra II																		
28	Other advanced math course																		
29	Chemistry - First Year																		
30	Physics - First Year																		
<b>E. Vocational Education Enrollment</b> - (grades 9-12) - Report each student only once - do not include ROC/P																			
31	Number of Students																		
<b>F. Dropouts (2001-2002)</b>																			
32	Grade 7																		
33	Grade 8																		
34	Grade 9																		
35	Grade 10																		
36	Grade 11																		
37	Grade 12																		

<b>G. Alternative Education</b>			<b>I. Class Size Reduction (K-3)</b>	
All schools must complete this section if any type of alternative education is offered to their students. Students should be counted in each category that applies. Students reported under "Types of Programs/Educational Options" must also be reported in Section B.			For each grade level, check the option(s) in which the school participates even if only some of the students at a grade level participate. If one grade level uses both Option 1 and Option 2, check both boxes. See Administrative Manual for definitions.	
<b>Types of Programs/Educational Options</b>	<b>Enrollment</b>			
	<b>K-8</b>	<b>9-12</b>		
(a)	(b)	(c)		
1 Continuation classes (see definition)			Kindergarten	<input type="checkbox"/> Option 1 <input type="checkbox"/> Option 2
2 Community/experience based			Grade 1	<input type="checkbox"/> Option 1 <input type="checkbox"/> Option 2
3 Opportunity			Grade 2	<input type="checkbox"/> Option 1 <input type="checkbox"/> Option 2
4 Magnet Program			Grade 3	<input type="checkbox"/> Option 1 <input type="checkbox"/> Option 2
5 Pregnant/parenting (see definition)				
6 Independent Study (not adult)				
7 Other				
8 Number of graduates meeting high school requirements through Independent Study (2000-2001)		<div style="border: 1px solid black; width: 80px; height: 25px; margin: 0 auto;"></div>		
<b>H. Technology</b>			<b>J. Educational Calendar</b>	
1 How many computers does the school have that are used for instructionally-related purposes? If none, enter "0".			1. Check the type of calendar on which your school operates. A traditional calendar will be assumed if this section is not filled out.	
2 Of those computers in question number 1 above, how many have a CD-ROM? If none, enter "0". (Must be less than or equal to answer from question number 1 above.)		Check if unknown <input type="checkbox"/>	<input type="checkbox"/> Traditional <input type="checkbox"/> Single-track <input type="checkbox"/> Multi-track	
3 How many classrooms have access to the Internet through at least one computer? If none, enter "0". (Must be less than or equal to answer from question number 1 above.)			2. For Single-track or Multi-track only, check one of the year-round calendars listed below.	
4 Of those classrooms in question number 3 above, how many are connected to a Wide Area Network (WAN)? If none, enter "0". (Must be less than or equal to answer from question number 3 above.)		Check if unknown <input type="checkbox"/>	<input type="checkbox"/> 60/20 <input type="checkbox"/> 60/15 <input type="checkbox"/> 90/30 <input type="checkbox"/> 45/15	<input type="checkbox"/> Concept 6 <input type="checkbox"/> Modified Concept 6 <input type="checkbox"/> Custom Calendar
<b>K. Health Centers</b>				
<input type="checkbox"/> 1. Check here if your school has a <b>school-based health center (SBHC)</b> . See Administrative Manual for definition.			<input type="checkbox"/> 2. Check here if your school has a <b>school-linked health center (SLHC)</b> . See Administrative Manual for definition.	
<input type="checkbox"/> 2. Check here if your school has a <b>school-linked health center (SLHC)</b> . See Administrative Manual for definition.				
<b>Name of person completing form (please print)</b>	<b>Telephone</b> (      )		<b>Certification:</b> <i>I hereby certify that the data reported on this form are accurate and complete.</i>	
<b>Title (please print)</b>	<b>Extension</b>		<b>Signature of Principal (or designee)</b>	<b>Date</b>